

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF Nelson Lora-Pena		COURT CASE NUMBER 1:06-cv-442 SLR
DEFENDANT Sup. Dep. U.S. Marshal Thomas Davis		TYPE OF PROCESS Civil Action
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Sup. Dep. U.S. Marshal Thomas Davis, ("U.S. MARSHAL")	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) The Nemours Bldg., 1007 Orange Street Suite 700, P.O.BOX 2046, Wilmington, DE 19899-2046	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Nelson Lora-Pena, ID#03883-070
U.S.P. Canaan
Post Office Box 300
Waymart, Pa. 18472

Number of process to be
served with this Form - 285Number of parties to be
served in this caseCheck for service
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

USMS FUGITIVE TASK FORCE; <http://www.state.de.us/dsp/siu.htm>.

2006 OCT 20 AM 11:30
 RD scanned
 DISTRICT OF DELAWARE

Signature of Attorney or other Originator requesting service on behalf of:

Nelson Lora-Pena☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

10/16/06

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk <i>BF</i>	Date <i>10/16/06</i>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service <i>10/18/06</i>	Time am pm
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Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: